

## 2017-19 Biennium Budget Decision Package

**FINAL**

**Agency:** 303 Department of Health

**Decision Package Code/Title:** E3 Relocate the Medical Commission

**Budget Period:** 2017-2019

**Budget Level:** PL-Performance Level

**Agency Recommendation Summary Text:**

The Medical Quality Assurance Commission requests expenditure authority to lease office and meeting space currently unoccupied in Town Center 3 (TC3). This request addresses necessary increases in meeting and workspace to accomplish the Commission’s statutory missions. The move will allow the Commission to cost-effectively hold its statutorily required business meetings, administrative hearings, rule making meetings, and other various meetings necessary to meet its legal mandate.

**Fiscal Summary:** Decision package total dollar and FTE cost/savings by year, by fund, for 4 years. Additional fiscal details are required below.

Operating Expenditures	FY 2018	FY 2019	FY 2020	FY 2021
Fund 02G-1	2,424,000	304,000	304,000	304,000
<b>Total Cost</b>	2,424,000	304,000	304,000	304,000
Staffing	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
FTEs	4.8	0.7	0.7	0.7
<b>Object of Expenditure</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
A-Salaries and Wages	231,000	41,000	41,000	41,000
B-Employee Benefits	81,000	14,000	14,000	14,000
C-Personal Service Contracts	755,000	0	0	0
E-Goods and Services	350,000	249,000	249,000	249,000
G-Travel	0	0	0	0
J-Capital Outlays	1,007,000	0	0	0

**Package Description:**

**Background**

The Medical Quality Assurance Commission (Commission) is responsible for four diverse statutory missions: licensing physicians and physician assistants; investigating and disciplining practitioners who violate the Uniform Disciplinary Act; rulemaking *and* establishing practice guidelines, and; insuring the competence of all physicians and physician assistants licensed in state.

To carry out these missions, the Governor appoints 21 members (13 physicians, 2 physician assistants and 6 public members) and the Commission selects an Executive Director who directs a staff of over 50 individuals, including: attorneys, paralegals, investigators, licensing specialists, compliance officers, demographers, operations personnel, logistical planners and other staff. This workforce ensures that the Commission is able to license practitioners quickly, assure adequate access to care and to protect the public from physicians who cannot practice with reasonable skill and safety.

In July 2013, the Commission's legislatively mandated pilot program was made permanent, giving the Commission control over its budget and the ability to co-locate staff in an integrated vertical business model. The Commission entered into a Joint Operating Agreement (JOA) with the Department of Health (DOH) in January 2015 as mandated by law. The JOA allows the Commission to increase its identity and visibility with stakeholders, enter into contracts, leases and purchase equipment and software to meet specific Commission needs and standards.

### **Current Situation**

The Commission is needlessly spending money on offsite meeting accommodations. These amounts are incurred at a minimum of eight times per year and average \$10,000 per meeting. The current staff workspaces do not meet the needs of Commission workloads and are reflected in declining performance measures. With no space availability, the Commission cannot expand staff to meet the needs of licensing volumes, discipline current demands and mission critical services.

The Commission's primary demand for space is to accommodate monthly 2-day commission meetings. These meetings require the rental of three large meeting rooms for a 2-day period, at least a year in advance. Offsite meeting locations waste the resources of approximately 20 staff members due to transporting and organizing audio-visual and wi-fi requirements, food and beverage services, hotel accommodations and hundreds of pages of case files. The current space appropriation does not accommodate the Commission's statutory roles of regulating and disciplining practitioners. To accomplish these roles, the full Commission meets about every six weeks to review disciplinary cases (closed sessions), hold their policy committee meeting (open to the public), hold its business meeting (open to the public) and hold personal appearances for practitioners on compliance (partially open and partially closed to the public). Several years ago, these meetings were held in PPE 152/153, but due to workload increases the Commission and staff have outgrown that space. Paramount to the Commission's needs, the IT services offered at this location were inadequate to meet the needs of the 21-member commission. As a result, the Commission has been forced to rent space in various venues to hold its 2-day meetings, settlement conferences, disciplinary hearings, rule-making hearings and educational conferences. The Commission has a statutory requirement to provide a mechanism that establishes continuing competency activities for health care professionals. The preferred method for these continuing competency mechanisms is reoccurring educational offerings, which the Commission has been unable to provide due to its continual space limitations.

When the meetings are outside of the Tumwater area, staff must expend travel and per diem funds to attend the meetings and are removed from their workplace. Travel, per diem and space rental costs are shouldered by the licensees at a cost of over \$80,000 annually. This is a waste of resources that could be avoided if the Commission was able to lease or own its own meeting space that was co-located with the Commission's business units.

Since 2008, the number of complaints received by the Commission has grown 22 percent, yet no additional staffing has been added to accommodate that growth. The number of investigations has grown 30 percent and the number of cases completing the case disposition step increased 30 percent in the same time period. One of the Commission's performance measures is completing the case

disposition step in 140 days, and the Commission's goal is to complete 77 percent of the cases within this required timeline. However, due to staffing levels, the Commission dropped to an all-time low of 57 percent of the cases completed within the required timelines. The Commission is committed to addressing the issue, which had led them to the structural issue of space.

The number of licenses issued to allopathic physicians and physician assistants has steadily increased with no increase in credentialing staff, necessitating overtime or a prolonged application processing time. Further, the number of PA delegation agreements has dramatically increased 14 percent, greatly impacting the workload of the Licensing Unit.

The Commission has a statutory mission, which it has not been able to accomplish: to provide educational programs to help licensees maintain their competency. In addition to educating licensees, a main goal of the Commission is to educate the public and to provide timely information to stakeholders. In fact, this is Goal Two in the Commission's 2014-2016 Strategic Plan. The Commission needs to establish rapport and credibility through education and contact with patient advocacy groups. Patient advocacy groups and organizations have grown in size and influence over the past few years and have become major stakeholders. Due to lack of space, the information technology limitations and inadequate staffing levels, the Commission has not been able to make any progress on this strategic initiative.

The Commission's current location does not have any additional space for staff to be able to properly evaluate a 1000-page case file. The workspace does not facilitate the review and handling of paper-centric case files that can include hundreds of pages of confidential patient medical records. The current location limits the ability of the staff to collaborate ad hoc on critical needs such as summary suspension cases, of which the Medical Commission had a record number in the past two calendar years.

### **Justification**

The Commission's current limiting factors can be mitigated by relocating to a space with the following:

- Three 1,200 square foot rooms
- Three conference rooms
- Five breakout rooms
- Reception area
- Additional workspace for staff acquisitions
- One open meeting space
- Three interview rooms
- 1,000 square feet for storage and supplies

The best solution would be to allow the Commission to lease currently vacant space in TC3. This space hosts sufficient staff office space and three large meeting rooms. These large meeting rooms have the flexibility to be configured into one or separate venues, meeting the needs of not only the Medical Commission, but DOH as well.

The Nursing Commission, Pharmacy Commission and Chiropractic Commission have all agreed to use this space for their commission meetings, rule-making, educational conferences and disciplinary hearings. The meeting space would be available to other DOH units based upon availability. The Pharmacy Commission is currently holding their meetings in rented hotel space.

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| Pharmacy Commission                | Nursing Commission                 | Chiropractic Commission            |
| • Commission meeting (11 Annually) | • Commission meetings (6 annually) | • Commission Meetings (9 annually) |

- Rules hearing (19 annually)
- Standards of practice meetings (9 annually)
- Disciplinary Meeting (10 annually)
- Advanced practice group meetings (10 annually)

**Contact Information:**

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**Decision Package Justification and Impacts**

**What specific performance outcomes does the agency expect?**

The Commission workload has consistently increased, so the staffing must increase. The ancillary space will accommodate the incoming staff in investigations, licensing, legal and administration. Equipping staff with the space needed to execute their workloads in a timely fashion with fulfill the Commission’s mission to protect patient safety. The increase in space resources will allow the Commission staff to complete their work in a timely and effective fashion, meeting our statutory performance measure timelines.

**Performance Measure detail:**

**Fully describe and quantify expected impacts on state residents and specific populations served.**

The Commission will save money on offsite meeting accommodations and forward those savings back into the health care community in the form of educational offerings. The Commission sponsors an annual 2-day educational conference. There has been considerable interest from health care professional associations and the licensees to hold quarterly educational sessions. Having a large meeting space readily available will enable the Commission to conduct educational forums for licensees and other stakeholders. Quarterly educational sessions for licensees and outreach sessions for healthcare consumers and stakeholders would achieve the Commission’s mission to increase practitioner competency and educational outreach.

To further promote practitioner astuteness, the Commission would use this acquired meeting space to hold semiannual orientation sessions for new licensees and recent medical school graduates. This orientation would introduce licensees to the new resources they have available to them and answer any questions regarding patients’ rights in Washington, mitigating risk, explaining the pain management law and workplace conduct. Countless studies have shown that orientations and first-year experience programs lead to higher retention rates and elevated job satisfaction.

There is a demand from patient advocacy groups and professional associations to hold recurring stakeholder meetings. This meeting space would facilitate stakeholder meetings to elicit input on Commission processes. These meetings would use lean governing principles to eliminate waste and non-value added steps. The Commission has not been able to meet this demand; due to lack of space that meets the needs of stakeholders.

Development of educational session and stakeholder meetings creates a new precedent for the boards and commissions of Washington State. A number of potential performance measures will be tracked to gauge the success of these interactions. These will include:

- Number of educational offerings per year;
- Number of stakeholder meetings per year;
- Attendees at these meetings;
- Total percent of applications that are returned to the licensee for corrections;

**What are other important connections or impacts related to this proposal?** Please complete the following table and provide detailed explanations or information below:

Impact(s) To:		Identify / Explanation
Regional/County impacts?	No	Identify:
Other local gov't impacts?	No	Identify:
Tribal gov't impacts?	No	Identify:
Other state agency impacts?	Yes	<b>Identify:</b> Nursing Commission, Pharmacy Commission and the Chiropractic Commission will use this space for their meetings, creating a cost savings for those commissions. Other departments and agencies within the DOH will be able to use the facilities if available. Occupying this space will save the entirety of DOH programs and agencies \$1.00 per square foot.
Responds to specific task force, report, mandate or exec order?	No	Identify:
Does request contain a compensation change?	No	Identify:
Does request require a change to a collective bargaining agreement?	No	Identify:
Facility/workplace needs or impacts?	Yes	<b>Identify:</b> Relocation to a space that meets the workload needs with the following, but not limited to, aspects: <ul style="list-style-type: none"> <li>• One meeting room that has a capacity of at least 50 (public access required)</li> <li>• Three meeting rooms that have a capacity of at least 25 (public access required)</li> <li>• 3 project/conference rooms that have a capacity of 15</li> </ul>

		<ul style="list-style-type: none"> <li>• 3 interview rooms equipped with panic buttons (public access required)</li> <li>• Reception area with kiosks for the licensee to apply (public access required)</li> <li>• 3 breakout rooms with a capacity of 5</li> <li>• Larger work spaces for staff to review voluminous case files</li> <li>• 1,000 square feet of storage space to store case files.</li> </ul>
<b>Capital Budget Impacts?</b>	<b>No</b>	<b>Identify:</b>
<b>Is change required to existing statutes, rules or contracts?</b>	<b>No</b>	<b>Identify:</b>
<b>Is the request related to or a result of litigation?</b>	<b>No</b>	<b>Identify lawsuit (please consult with Attorney General's Office):</b>
<b>Is the request related to Puget Sound recovery?</b>	<b>No</b>	<b>If yes, see budget instructions Section 14.4 for additional instructions</b>
<b>Identify other important connections</b>		

**Please provide a detailed discussion of connections/impacts identified above.**

**What alternatives were explored by the agency and why was this option chosen?**

The Commission has explored other locations for their headquarters. The alternatives were ultimately discarded because they did not meet the technology capability needs and they did not have the security needed to maintain the confidentiality of the complainant and respondent and did not protect the safety of the Commission and Commission staff. Staying on the DOH campus and occupying unused space is the best option because it will create cost savings of \$1.00 per square foot for the entire agency.

**What are the consequences of not funding this request?**

If we are not granted this request, the following can be expected:


1. Expenditures for offsite meetings and travel will exceed \$100,000 annually within the next five years. This is money that could be used to educate the health care community. Educational offerings and stakeholder meeting introduce a line of communication that forestalls harm to the public.
2. Performance measure will decline. This will result in delays in issuing credentials and delegation agreements, stifling the physician and physician assistant workforce.
3. Time to a case resolution will be extended. The more time a case is open without resolution, the more chances for harm to transpire. The Commission aims to protect patients and these delays obscure that mission.

**How has or can the agency address the issue or need in its current appropriation level?**

The Commission can issue overtime to its current employees to ensure that applications are processed and delegation agreements are approved with minimal delay. However, this will result in increased expenditures and does not address the need for onsite meeting space.

**Other supporting materials:** Please attach or reference any other supporting materials or information that will help analysts and policymakers understand and prioritize your request.

**Information technology:** Does this Decision Package include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

No 

Yes Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)